

Things you need to know about the Community Care Program

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Illinois Department on Aging (“Department”) is required by law to maintain the privacy of your protected health information. We are required to provide you with this Notice of our legal duties and privacy practices with respect to your health information that the Department collects and maintains. We are required to follow the terms of this Notice. We are committed to protecting your privacy and the confidentiality of your health information.

How the Department uses and discloses your information

Your health information may be used and released by the Department *without* your permission for the following purposes:

Treatment: The Department collects information necessary to determine your eligibility, need for services, the amount and type of services you receive, as well as some demographic information to improve program management.

Payment: The Department shares your information with local case management and service agencies, and other state and federal agencies for monitoring, payment and audit functions. For example, we may share your information with the Medicaid program to coordinate your benefits and payments.

Operations: The Department may use your information to evaluate the quality of services that you receive. To further protect against unauthorized access to your information, the Department also requires our provider agencies to comply with our privacy and confidentiality requirements.

Below are additional circumstances in which the Department may share your information *without* your authorization. They include, but are not limited to:

- ✧ A request from a personal representative who may assist you in obtaining care;
- ✧ Public health purposes to control disease;
- ✧ Notifying appropriate agencies of reports of abuse, neglect or domestic violence;
- ✧ Assisting the government in overseeing health care programs;
- ✧ Compliance with legal proceedings such as court or administrative orders or a subpoena;
- ✧ Law enforcement purposes;
- ✧ Certain requests for information from coroners, medical examiners and funeral directors;
- ✧ Organ donations;
- ✧ Military and Veterans purposes;
- ✧ Research;
- ✧ To avert a serious threat to health or safety;
- ✧ National security purposes;
- ✧ Workers Compensation; and
- ✧ Disaster relief efforts.

Impermissible uses and disclosures will be made only with your written authorization and you may revoke such authorization, but the revocation must be in writing

Your Rights

You have the following rights regarding the health information that the Department has about you:

- ☐ **Right to Request Restrictions:** You have the right to request a restriction or limitation on the Department's use of your protected health information. However, failure to provide key information for eligibility, service planning, and service delivery may result in a denial of Community Care Program services. Furthermore, the Department is not required to agree to the requested restriction.
- ☐ **Right to Request Confidential Communications:** You have the right to request that you receive confidential communications of your protected health information from the Department by alternative means or at alternative locations. Your request must specify how the Department is to contact you in private. Please note that the Department does not have to agree with your request unless the change is necessary to protect you.
- ☐ **Right to Inspect and Copy:** You have the right to request to inspect and obtain a copy of your protected health information. To inspect and copy your information, you must submit a signed "Authorization for Release of Information" form to the Department. This form may be obtained by contacting the Senior HelpLine at 1-800-252-8966 (Voice & TTY). The Department may charge a fee for the costs associated with the copying and mailing of your request.
- ☐ **Right to Request an Amendment:** You have the right to request an amendment to your protected health information, if you determine that it is inaccurate or incomplete. The Department does not have to agree with your request.
- ☐ **Right to an Accounting of Disclosures:** Effective April 14, 2003, you have the right to request a list of disclosures that have been made by the Department regarding your health information. Beginning April 14, 2003, the Department is required to maintain such information for six years.
- ☐ **Right to a Paper Copy of this Notice:** You have the right to request a paper copy of this Notice from the Department at any time.

All requests for making restrictions, inspecting, copying, amending, or obtaining an accounting of your protected health information must be made **in writing** to the Department at the following address:

Privacy Officer
Office of General Counsel
Illinois Department on Aging
421 E. Capitol Avenue, #100
Springfield, IL 62701-1789

Complaints

If you believe your privacy rights have been violated, you may file a complaint **in writing** with either or both of the following:

Privacy Officer

Office of General Counsel
Illinois Department on Aging
421 E. Capitol Avenue, #100
Springfield, IL 62701-1789

Secretary

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

You will not be penalized or retaliated against for filing a complaint.

Changes to this notice

The Department reserves the right to change this notice at any time. The Department may make the revised notice effective for all protected health information it currently maintains about you, as well as any information received in the future. If the Department changes this Notice, you will be offered the current and revised Notice when a case manager conducts your next assessment. This Notice is also posted on the Department's website at **www.state.il.us/aging**.

Contact Information

For further information regarding...

- your rights, or
- this Notice;

or to obtain...

- additional copies of this Notice, or
- an "Authorization for Release of Information" form;

please contact the Department

by mail:

Privacy Officer
Office of General Counsel
Illinois Department on Aging
421 E. Capitol Avenue, #100
Springfield, IL 62701-1789

by phone:

Senior HelpLine
1-800-252-8966 (Voice & TTY)
For out-of-state calls, dial
217-524-6911

**For general information on programs and services
for senior citizens and their caregivers,
contact the**

Illinois Department on Aging

421 East Capitol Avenue, #100
Springfield, IL 62701-1789
217-785-3356, Fax: 217-785-4477

Senior HelpLine:

1-800-252-8966 (Voice & TTY)

(8:30 a.m. to 5:00 p.m., Monday through Friday)

If you're calling from out-of-state, dial 217-524-6911.

Web site:

<http://www.state.il.us/aging/>

**For information about services for older people
living outside of Illinois, call**

Eldercare Locator

1-800-677-1116

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine: 1-800-252-8966 (Voice & TTY).

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